Recipient Committee				COVERPAGE
Campaign Statement	Type or print in i		Date Stamp	CALIFORNIA 460
Cover Page (Government Code Sections 84200-84216.5)			RECEIVED	2001/02 400 FORM
 Congress of the agreement of the large street. And the agreement of the agreement	Statement covers period from July 1, 2003	Date of election if applicable: (Month, Day, Year)	004 FEB -2 PM 4: 51	Page of <u>/ 7</u>
SEE INSTRUCTIONS ON REVERSE	through Dec. 31, 2003	11/7/00	CITY CLERK CITY OF LODI	For Official Use Only
1. Type of Recipient Committee: All Committees -	Complete Parts 1. 2. 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Ballot Measure Committee Primarily Formed Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain t	t Quart Speci Supplied States	terly Statement ial Odd-Year Report lemental Preelection ment - Attach Form 495
3. Committee Information	1.D. NUMBER /224 486	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTI		NAME OF TREASURER	o Lantsberg	ek
Friends of En	ihe Heward	MAILING ADDRESS 4578	Feather River	De. Suite "D"
STREET ADDRESS (NO P.O. BOX) 2137 Tilnda	De	Stocktor	STATE ZIP CO	
그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PA	5 <u>342 209-369-24</u> 76 D. BOX	MAILING ADDRESS		And the second of the second section of the section
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	RESS	
4. Verification				
I have used all reasonable diligence in preparing and rev certify under penalty of perjury under the laws of the Sta	iewing this statement and to the best of my ate of California that the foregoing is true a	and correct.	<u> </u>	chedules is true and complete. I
Executed on	Ву	Signature of Treasurer or Sissistant	Treasurer	
Date	Signature of Cont	trolling Officehalder, Candidate, State Measure Pri	oponent or Responsible Officer of Sponsor	
Executed on Date	Ву	Signature of Controlling Officeholder, Candidate, 5	State Measure Proponent	
Executed on	Ву			

Signature of Controlling Officeholder, Candidate, State Measure Proponent

i. (Officeholder or Candidate Controlled Commi	itee	6.	, !	Ballot Measure Commit	tee NA			
ĵ	NAME OF OFFICEHOLDER OR CANDIDATE	A second		i	NAME OF BALLOT MEASURE				
-	Emily A. Hewar				BALLOT NO. OR LETTER	JURISDICTIC	Al		
٤	OFFICE SOUGHT OR HELD (INDLUDE LOCATION AND DISTRICT	O'the Alloni			677(LLL) (1997. VI) Select (122)				SUPPORT OPPOSE
Ĭ	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT				9.1 4/6 41	49.3	ult ut a		
	City Hall 221 W. Pine St. P.C	1. Box 3006 LOOIE	LA.		Identify the controlling office NAME OF OFFICEHOLDER, CANE			ate measur	e proponent, if any.
i	Related Committees Not Included in this State of included in this statement that are controlled by you of contributions or make expenditures on behalf of your can	ement: List any committees r are primarily formed to receive			OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
ō	COMMITTEE NAME	I.D. NUMBER						<u> </u>	
	None		~~	•	NA				
ì	NAME OF TREASURER	CONTROLLED COMMITTEE?	1	•	Primarily Formed Comi	THILLE LIST rily formed.	names of offic	ceholder(s) o	r candidate(s) for
Č	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	X)			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELI	SUPPORT OPPOSE
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	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC				Attac	h continuatio	n sheets if	necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

		PACAGAILAS RIT E E ARACE
St	July 1, 2003	CALIFORNIA 460
	_{igh D} e. 31, 2003	Page <u>3</u> of <u>/7</u>
		1.D. NUMBER 122 6486
nn B Ryear Doate		mmary for Candidates he State Primary and

NAME OF FILER Friends of Emily Howard		1.D. NUMBER 1226486
Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) 1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 7 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	* 8,378 13,522 \$ 21,900 \$ 30,457	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E, Line 4 \$ \$ \$ 00 Add Lines 6 + 7 \$ \$ \$ \$ 00 Schedule F, Line 3 Add Lines 8 + 9 + 10 \$ \$ \$ \$ 00 Add Lines 8 + 9 + 10 \$ \$ \$ \$ \$ 00 Add Lines 8 + 9 + 10 \$ \$ \$ \$ \$ 00 Add Lines 8 + 9 + 10	\$ 23,840.27 \$ 23,840.27 \$ 23,840.27 \$ 32,39\$.27	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only	\$
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse \$ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 13,522.	carry over the amounts from Lines 2, 7, and 9 (if any).	*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B. FPPC Form 450 (June/01)

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A Monetary (Contributions Received		Amounts	or print in ink s may be rour vhole dollars.	ided [Statement cove		CALI	SCHEDULE FORNIA 460
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NAME OF FILER	Friends of Em	h Hen	vard					1.D. NU	mber 226486
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF C (IF COMMITTEE: ALSO ENTER LD. NUMBER)	ØNTRIBUTOR	CONTRIBUTOR CODE *	OCCUPATION (IF SELF-EMPLO	IDUAL; ENTER AND EMPLOYER DYED, ENTER NAME USINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
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	e de la company		□IND □COM □OTH □PTY □SCC		ic i i i i i i i i i i i i i i i i i i				
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2. Amount received this period – unitemized contributions of less than \$100\$

3. Total monetary contributions received this period.

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

SCC - Small Contributor Committee

OTH - Other

PTY - Political Party

(other than PTY or SCC)

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

· • • • • • • • • • • • • • • • • • • •		from July 1 through Dec	1, 2003 31, 2003	Fo Page	6 of 17		
NAME OF FILER	Friends of Emily A	loward				1.D. NUM	BER 26486
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	1 .5	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
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			SUBTOTAL	_\$	B		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

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Schedule B – Part 1		Amo	ype or print in i unts may be ro	unded		Statement cove	ers period	CALIFORN	AACA
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NAME OF FILER	FRI	5						I.D. NUMBER	
Friends o	f Enely	Howa	ed						4486
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			SUBTOTALS	B 4-1	\$ <u> </u>	\$	\$ 4-	100	
Schedule B Summary	. The contract						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans				***************************************	\$ _	<u> </u>		another part	rgiven or paid by y also must be
2. Loans paid or forgiven this period			********************	***************************************	\$	0		reported on	ocnedule A.
(Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgive	n.)				er i e i e i e i e e e e e e e e e e e e	en i pro	** If required	
3. Net change this period. (Subtract Line				*******************	NET \$ _	(May be a possible number)			

PTY - Political Party

OTH - Other

Enter the net here and on the Summary Page, Column A, Line 2.

COM - Recipient Committee (other than PTY or SCC)

† Contributor Codes

IND - Individual

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

SCC - Small Contributor Committee

Schedule B – Part 2 Loan Guarantors

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE B-PART 2

Statement covers period from July 2003

through Dec 3/ 2003

Page 7 of 77

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Friends of Emply Howard 1226486 IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND **AMOUNT** BALANCE CONTRIBUTOR OCCUPATION AND EMPLOYER CUMULATIVE LOAN **GUARANTEED** OUTSTANDING ZIP CODE OF GUARANTOR IN SELF-EMPLOYED, ENTER CODE TODATE THIS PERIOD (IF COMMITTEE, ALSO ENTER I.D. NUMBER) TO DATE NAME OF BUSINESS) CALENDAR YEAR LENDER COM ПОТН PER ELECTION DATE (IF REQUIRED) **□** PTY SCC CALENDAR YEAR LENDER MIND COM PER ELECTION OTH DATE (IF REQUIRED) PTY SCC CALENDAR YEAR . □IND LENDER COM. PER ELECTION OTH (IF REQUIRED) DATE PTY SCC CALENDAR YEAR LENDER IND COM PER ELECTION OTH DATE (IF REQUIRED) PTY SCC Enter on

> FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Summary Page,

Line 17 only.

SUBTOTAL \$

Schedule C Nonmonetary Contributions Received	VA HA	Amounts may be rounded	500000000000000000000000000000000000000	Statement covers p		SCHEDULE ORNIA 460
SEE INSTRUCTIONS ON REVERSE		and the second of the second o	i		<i>303</i> Page	8 oi 17
NAME OF FILER Friends of En	rily He	ward			I.D. NUMB	226486
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Attach additional information on appropriately lab	peled continual	tion sheets.	SUBTO	OTAL \$		
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2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

3. Total nonmonetary contributions received this period.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

SCC - Small Contributor Committee

OTH - Other

PTY - Political Party

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULED
Statement covers period from July 1, 2033	CALIFORNIA 460
through Dec 3/, 2013	Page 2 of 17
	I.D. NUMBER
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SEE INSTRUCTIONS ON REVERSE	e Hiller	· · · · · · · · · · · · · · · · · · ·	through	P	age _Z of _Z
NAME OF FILER Friends of Emily 1	Youard			1.	D. NUMBER 1226486
DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN: 1 - DEC: 3	AR TO DATE
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Schedule D Summary 1. Contributions and independent expenditures made this peri		(Include all Schedule D subt	otals.)		\$

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$
Unitermized contributions and independent expenditures made this period of under \$100	\$
	т <u></u>
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULED (CONT.)

Statement covers period from July 1, 2003

through Dec 31, 2003

Page 10 of 17

I.D. NUMBER

NAME OF FILER						I.D. NUMI	BER
	Friends of Enily A	Howard				12	26486
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAF (JAN. 1 - DI	YEAR	PER ELECTION TO DATE (IF REQUIRED)
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			SUBTOTAL \$	- Engans	107 1279 (197		

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Emily	Type or print in ink. Amounts may be rounded to whole dollars. Howard	Statement covers period from July 1, 2013 through Dic 31, 2013	SCHEDULE CALIFORNIA 460 FORM 1/7 Page 1/ of 1/7 I.D. NUMBER 1226486
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and TRS staff/spouse travel, lodging.	duction costs d meals and meals s of the same candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	CODE OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
Bank of LODI P.O. Box 3009 LODI. CA. 96241	1-1913 (Reg	nthly fee ular Checking)	8. ~

* Payments that are contributions or independent expenditures m	nust also be summarized on Schedule D.	SUBTOTAL\$ 8.00
Schedule E Summary		
1. Payments made this period of \$100 or more. (Include all Sc	hedule E subtotals.)	<u> </u>
	Schedule B, Part 1, Column (e).)	
4. Total payments made this period. (Add Lines 1, 2, and 3. Er	nter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 8.00

Schedule E (Continuation She	et)	 tur v
Payments Made	March 1866	51.0
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SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA
om July 1, 2003	FORM
rough <u>Dec 31, 2003</u>	Page / 2 c

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CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain legal defense LTC campaign literature and mailings	MBR member common MTG meetings and OFC office expens PET petition circular PHO phone banks POL polling and support of the PHO postage, delivers.	nunications appearances ses ating	RAD radio airtime and production cos RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and producti TRC candidate travel, lodging, and me TRS staff/spouse travel, lodging, and TSF transfer between committees of VOT voter registration WEB information technology costs (interpretation)	on costs eals meals the same candidate/sponsor
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ _____

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CALIFORNIA

FORM

Statement covers period

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NAME OF FILER Friends of Emily	Howard	get to a produce of the contract of the contra			d. number 1226486
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE; ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAIL THIS PERIOD (ALSO REPORT ON	BALANCE AT CLOSE
			twitten.		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ resufficiency	-0-	\$.	\$ <u>-</u>
 Schedule F Summary Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized Total accrued expenses paid this period. (Include all Scheaccrued expenses of \$100 or more, plus total unitemized Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.) 	accrued expenses under a court of the court	\$100.)tals for payments on enses under \$100.)		PAID TOTAL	s\$_ -

Type or print in ink.
Amounts may be rounded to whole dollars.

Schedule F

Accrued Expenses (Unpaid Bills)

Schedule F	
(Continuation Sheet)	
Accrued Expenses (Unpaid	Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from July 1, 2003 through Die 31, 2023	CALIFORNIA 460 FORM of 17
	I.D. NUMBER / 22 (2486

NAME OF FILER

Friends of Emily Heward

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphemalia/misc. MBR
CNS campaign consultants MTG
CTB contribution (explain nonmonetary)* OFC
cVC civic donations PET
FIL candidate filing/ballot fees PHO
fundraising events POL

ND fundraising events

ID independent expenditure supporting/opposing others (explain)*

LEG legal defense
LIT campaign literature and mailings

MBR member communications

TTG meetings and appearances

FC office expenses

PET petition circulating PHO phone banks

POL polling and survey research
POS postage, delivery and messenger services

PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs

RFD returned contributions
SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs
THC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the sam

SF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	SUBTOTALS	\$ <i>Q</i>	.	s —	s -

Schedule G				
Payments N	flade by a	an Agent	or Independe	nt
Contractor ((on Beha	alf of This	Committee)	

Type or print in ink. Amounts may be rounded to whole dollars

	SCHEDU	JLE (
Statement covers period	CALIFORNIA AC	
from July 1, 2003	FORM 40	
through <u>Dic 31, 2003</u>	Page <u>/6</u> of <u>//</u>	10005111
I.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I.D. NUMBER	
	1226081	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Emily Howard

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment,

CVP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations CVC candidate filing/ballot fees FIL FND fundraising events independent expenditure supporting/opposing others (explain)* ND LFG

legal defense

campaign literature and mailings LIT

MBR member communications MTG meetings and appearances OFC office expenses

petition circulating PET PHO phone banks

POL polling and survey research POS postage delivery and messenger services PPO

professional services (legal, accounting) PRI print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEI t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

THS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
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nata Dan jar				es de la companya de

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period from Tuly 1, 2003		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE	VW V		Par AAL AAL	***	through Dec	31,2003	Page 16	ol <u>17</u>
NAME OF FILER					·		I.D. NUMBER	
Friends of	Ently	Howa	rd				1220	48G
OF RECIPIENT OCCUPAT	NDIVIDUAL, ENTÉR TON AND EMPLOYER F-EMPLOYED, ENTER ME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(6) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT (FORGIVENES THIS PERIO	SS CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		j en dikhaptikan		PAID				CALENDAR YEAR
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The second of th	+9r }	\$	5	\$	DATE DUE	\$	DATE INCURRED	\$
en der Germanne er								
*Loans that are contributions to another candidate or commust also be summarized on Schedule D. Loans forgiven also be reported on Schedule E.		SUBTOTALS	s &	\$ ~	- s 9	s ÷		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary	e e santa						g Na	eri Jagon de Mari
Loans made this period (Total Column (b) plus uniternized loans less than		······································	,	***************************************	\$	- Andreadangles		**If Required
Payments received on loans (Total Column (c) plus unitemized payments less		and the second s		******	\$ <u></u>			ees e
3. Net change this period. (Subtract Line 2 from L (Enter the net here and on the Summary Page, C				**************	NET \$	ay be a negative number	n Terrescuences	

Schedule I			
Miscellaneous	Increases	to	Cash

Type or print in ink.

SCHEDUL

SEE INSTRUCTIONS	ous Increases to Cash		may be rounded note dollars.	through Dec 31, 2003	FORM 460
NAME OF FILER	Friends of En	Ly Howard			1.D. NUMBER 1226986
DATE RECEIVED	FULL NAME AND ADDRESS ((IF COMMITTEE, ALSO ENTER I.E	DF SOURCE	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
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iga sa	Section (1) The section (1) And the section (1	and the second seco	a production of the second		
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		[2] M. J. Alexandron, Section 1981, 1887, pp. 1887, p			
Attach addit	tional information on appropriately labeled continu	uation sheets.		SUBTOTAL	\$ Q
Schedule I	Summary to cash of \$100 or more this period	and a supplied to the supplied of the supplied		<u> </u>	

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the